

GOSTUDENTS PARENT CONSENT FORM



This form is required for all students participating on a GoStudents Mission Project. For students that are 18 but still in the care of parents/guardians, we ask that the form is still completed. Please fully complete both pages and mail, email, or fax them to our office by **February 28, 2019**.

Mail: BGO
Attn: GoStudents
3800 N. May Ave
Oklahoma City, OK
73112
Email: gostudents@bgco.org
Fax: 405-516-4926

Applicant Name: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip: _____

Applicant Phone: _____ Applicant email: _____

Parent/Guardian Name(s): _____

Parent/Guardian Phone: _____ Parent/Guardian email: _____

Project (check mark):

Lawton	Tulsa	Oklahoma City	Seattle	Portland	Edmonton	Calgary
Belize 1	Belize 2	Latvia	Madrid	Portugal	East Asia	Cambodia

In Emergency Notify: _____ Relationship: _____

Home Phone: _____ Cell/ Work Phone: _____

Does the student have any known allergies? **Yes** **No**

If yes, what? _____

Does the student take any medications regularly? **Yes** **No**

If yes, what medications? _____

For what reason? _____

Does the student have any other medical conditions we should know about? _____

Date of last tetanus immunization: _____

The above named child has current medical insurance coverage through:

Insurance Company: _____ Name on Policy: _____

Insurance Company Phone: _____ Policy Number: _____

Does your insurance company require notification prior to emergency health care at a hospital? **Yes** **No**

If yes, Phone Number: _____

****Oklahoma, Portland and Seattle participants, please include a copy of your insurance card.***

My child, _____ will be participating in GoStudents, a ministry of the Baptist General Convention of Oklahoma (BGCO), in the summer of 2019. In the event that my child shall need emergency medical attention or care, the GoStudents leadership, the BGCO, or any of the partnering field representative leadership is hereby authorized to consent to the provision of such emergency medical care, including without limitation, medical, dental, surgical care, or hospitalization, to my child as is recommended or suggested by a physician, nurse, surgeon, or other health care professional.

If such emergency care is provided, I understand that my health insurance information will be given to the health care professional and that any expenses not covered by my insurance or travel insurance shall be my responsibility. I understand that the BGCO will not be obligated to pay either the health care professional or me for any medical expenses incurred.

I understand that the risk of injury from any recreational activity is significant, including, but not limited to, the potential for permanent paralysis and death. While particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist. I knowingly and freely assume all risks, both known and unknown, even if arising from negligence, and assume full responsibility for my child's participation in or observation of such recreational activity.

I understand that my child's image may be included in a video or in photographs that may be made during the GoStudents project. I understand that a promotional or highlight video may be available for sale during and after the project. I consent that my child's image may appear on videos, promotional resources, GoStudents endorsed web sites, etc.

I understand that there will be some form of communication from the BGCO (including GoStudents or Coordinators representing GoStudents) with myself and my student via phone calls, texts, messages, and emails.

Parent Signature: _____ Date: _____

Relationship to child: _____